

## CERTIFICATE OF SERVICE

I, Gini L. Downing (name), certify that service of this summons and a copy of the complaint was made February 4, 2022 (date) by:

Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to:

Horizon Medicines  
150 S. Saunders Road  
Lake Forest, IL 60045

Horizon Therapeutics USA, Inc.  
f/k/a Horizon Pharma USA, Inc.  
Attn: Ronald E. Gold  
301 E. Fourth St., Ste. 3300  
Cincinnati, OH 45202

Horizon Therapeutics USA, Inc.  
f/k/a Horizon Pharma USA, Inc.  
Nelson Alexander, Sr VP, Legal-Lit  
150 S. Saunders Rd.  
Lake Forest, IL 60045

Horizon Medicines LLC  
Attn: Andreea Kellis  
29667 Network Place  
Chicago, IL 60673-1296

Horizon Medicines LLC  
Attn: Andreea Kellis  
29667 Network Place  
Chicago, IL 60673-1296

Certified Mail Service: By sending the process by certified mail addressed to the following entities/officers/registered agents of the defendant at:

Horizon Medicines LLC  
Attn: Andreea Kellis  
29667 Network Place  
Chicago, IL 60673-1296

Horizon Medicines LLC  
Attn: Timothy Walbert, President and  
CEO  
308 Courtland Ave.  
Park Ridge, IL 60068

Corporation Service Company,  
R/A for Horizon Medicines LLC  
251 Little Falls Drive  
Wilmington, DE 19808

Horizon Therapeutics USA Inc.  
(f/k/a Horizon Pharma USA Inc.)  
Attn: Tim Walbert, Chairman, Pres and  
CEO  
1 Horizon Way  
Deerfield, IL 60015

Horizon Pharma USA Inc.  
Attn: Tim Walbert, Chairman,  
President and CEO  
1 Horizon Way  
Deerfield, IL 60015

Corporation Service Company,  
R/A for Horizon Therapeutics USA Inc.  
(f/k/a Horizon Pharma USA Inc.)  
251 Little Falls Drive  
Wilmington, DE 19808

Corporation Service Company,  
R/A for Horizon Pharma USA Inc.  
251 Little Falls Drive  
Wilmington, DE 19808

I further certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made.

Under penalty of perjury, I declare that the foregoing is true and correct.

Date February 4, 2022

Signature /s/ Gini L. Downing

Print Name: Gini L. Downing

Pachulski Stang Ziehl & Jones LLP  
10100 Santa Monica Blvd.  
13<sup>th</sup> Floor  
Los Angeles, CA 90067

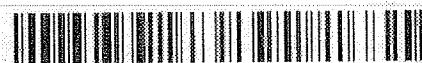
Business Address:

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

Horizon Medicines LLC  
Attn: Andreea Kellis  
29667 Network Place  
Chicago, IL 60673-1296



9590 9402 3367 7227 2903 76

**2. Article Number (Transfer from service label)**

7017 2400 0000 3985 8039

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY****A. Signature****X**

Agent  
 Addressee

**B. Received by (Printed Name)****C. Date of Delivery**

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

FEB 08 2022

**3. Service Type**

Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Certified Mail Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery  
 Insured Mail  
 Insured Mail Restricted Delivery  
(over \$500)

Priority Mail Express®  
 Registered Mail™  
 Registered Mail Restricted Delivery  
 Return Receipt for Merchandise  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

Corporation Service Company,  
R/A for Horizon Therapeutics USA Inc.  
(f/k/a Horizon Pharma USA Inc.)  
251 Little Falls Drive  
Wilmington, DE 19808



9590 9402 3367 7227 2903 21

**2. Article Number (Transfer from service label)**

7017 2400 0000 3985 7988

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY****A. Signature****X**

Agent  
 Addressee

**B. Received by (Printed Name)****C. Date of Delivery**

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

**3. Service Type**

Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Certified Mail Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery  
 Insured Mail  
 Insured Mail Restricted Delivery  
(over \$500)

Priority Mail Express®  
 Registered Mail™  
 Registered Mail Restricted Delivery  
 Return Receipt for Merchandise  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

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- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

Horizon Therapeutics USA Inc.  
(f/k/a Horizon Pharma USA Inc.)  
Attn: Tim Walbert, Chairman, Pres and CEO  
1 Horizon Way  
Deerfield, IL 60015



9590 9402 3367 7227 2903 38

**2. Article Number (Transfer from service label)**

7017 2400 0000 3985 7995

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

Agent  
 Addressee

B. Received by (Printed Name)

Lopez

C. Date of Delivery

2-14-22

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No**3. Service Type**

Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Certified Mail Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery  
 Insured Mail  
 Insured Mail Restricted Delivery  
(over \$500)

Priority Mail Express®  
 Registered Mail™  
 Registered Mail Restricted Delivery  
 Return Receipt for Merchandise  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

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**1. Article Addressed to:**

Horizon Pharma USA Inc.  
Attn: Tim Walbert, Chairman, President and CEO  
1 Horizon Way  
Deerfield, IL 60015



9590 9402 3367 7227 2903 45

**2. Article Number (Transfer from service label)**

7017 2400 0000 3985 8008

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

Agent  
 Addressee

B. Received by (Printed Name)

Lopez 2-19-22

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No**3. Service Type**

Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Certified Mail Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery  
 Insured Mail  
 Insured Mail Restricted Delivery  
(over \$500)

Priority Mail Express®  
 Registered Mail™  
 Registered Mail Restricted Delivery  
 Return Receipt for Merchandise  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p><b>A. Signature</b></p> <p><input checked="" type="checkbox"/> <b>X</b> <input type="checkbox"/> <b>Agent</b>  <input type="checkbox"/> <b>Paul Sisofa</b> <input type="checkbox"/> <b>Addressee</b></p> <p><b>B. Received by (Printed Name)</b></p> <p><b>C. Date of Delivery</b></p>	
<p>1. Article Addressed to:</p> <p>Corporation Service Company, R/A for Horizon Medicines LLC 251 Little Falls Drive Wilmington, DE 19808</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input type="checkbox"/> If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p> <p><b>9590 9402 3367 7227 2903 52</b></p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p><b>PS Form 3811, July 2015 PSN 7530-02-000-9053</b></p>			

Domestic Return Receipt

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<p>1. Article Addressed to:</p> <p>Corporation Service Company, R/A for Horizon Pharma USA Inc. 251 Little Falls Drive Wilmington, DE 19808</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input type="checkbox"/> If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p> <p><b>9590 9402 3367 7227 2903 14</b></p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p><b>PS Form 3811, July 2015 PSN 7530-02-000-9053</b></p>			

Domestic Return Receipt